

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 14
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 5px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee A1 VAN AD ITEMS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>21</div> <div>2015</div> </div>		
Mailing Address 3290 VAN DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div>		
City BURLINGTON	State NC	Zip Code 27215-9000	Transaction ID : SE24.1240 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>21</div> <div>2015</div> </div>		
Purpose of Expenditure FULFILLMENT ITEMS - BUMPER STICKERS & SIGNAGE		Category/ Type 004	Name of Federal Candidate DR. BEN CARSON <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">2847226.24</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee CAMPAIGN FUNDING DIRECT, INC.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>21</div> <div>2015</div> </div>		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4952.03</div>		
City MC LEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1140 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>21</div> <div>2015</div> </div>		
Purpose of Expenditure AGENCY FEES - CONSULTING		Category/ Type 004	Name of Federal Candidate DR. BEN CARSON <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">2852178.27</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7952.03</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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Signature

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Form/Schedule: SE
Transaction ID : SE24.1240

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$58.82 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.1140

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$97.10 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee COLORTREE GROUP, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015	
Mailing Address 8000 VILLA PARK DRIVE		Amount 8114.63	
City RICHMOND	State VA	Zip Code 23228-6500	Transaction ID : SE24.1141
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2860292.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CP DIRECT		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015	
Mailing Address 4600A BONSTON WAY		Amount 22997.70	
City LANHAM	State MD	Zip Code 20706-4858	Transaction ID : SE24.1161
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2883290.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	31112.33
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
01 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1141

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$159.11 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.1161

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$450.93 has been allocated equally to each of the remaining schedule primary elections.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DIRECTMAIL.COM			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015	
Mailing Address 5351 KETCH ROAD			Amount 28000.00	
City PRINCE FREDERICK	State MD	Zip Code 20678-3470	Transaction ID : SE24.1137	
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		2911290.60	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee ECG DATA CENTER			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015	
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 1019.09	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1162	
Purpose of Expenditure DIRECT MAIL - LIST MAINTENANCE		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		2912309.69	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29019.09
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
01 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1137

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$549.02 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.1162

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$19.98 has been allocated equally to each of the remaining schedule primary elections.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ECG DATA CENTER			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 203.11		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1163		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2912512.80			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee MDI IMAGING & MAIL			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015		
Mailing Address 21955 CASCADES PARKWAY			Amount 116.46		
City DULLES	State VA	Zip Code 20166-9211	Transaction ID : SE24.1142		
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2912629.26			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	319.57
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
01 / 18 / 2016

Signature

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Form/Schedule: SE

Transaction ID : SE24.1163

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$3.98 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.1142

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$2.28 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee OMEGA LIST COMPANY			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2015</div> </div>	
Mailing Address 1420 SPRING HILL SUITE 490			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7235.65</div>	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1143 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2015</div> </div>	
Purpose of Expenditure LIST RENTAL EXPENSE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2919864.91</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee OMEGA LIST COMPANY			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2015</div> </div>	
Mailing Address 1420 SPRING HILL SUITE 490			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">28.00</div>	
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.1138 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 21 / 2015</div> </div>	
Purpose of Expenditure LIST RENTAL EXPENSE		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2919892.91</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7263.65</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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 01 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1143

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$141.88 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.1138

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$0.55 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 11 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee RST MARKETING		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015	
Mailing Address 1272 CORPORATE PARK ROAD		Amount 12000.00	
City FOREST	State VA	Zip Code 24551-2277	Transaction ID : SE24.1139
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2931892.91		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee STAPLES		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015	
Mailing Address 500 STAPLES DR.		Amount 1600.98	
City FRAMINGHAM	State MA	Zip Code 01702-4478	Transaction ID : SE24.1239
Purpose of Expenditure SIGNAGE		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 58676.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13600.98
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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01 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1139

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$235.29 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 13 OF 14
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ZIP MAILING SERVICES, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2015	
Mailing Address 6304 SHERIFF RD. STE Z		Amount 11879.86	
City LANDOVER	State MD	Zip Code 20785-4361	Transaction ID : SE24.1129 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2015
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/Type 004	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2943772.77		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11879.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
01 / 18 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.1129

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$232.94 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID: